

MEDICAL BENEFITS

Q1. What medical benefits are available to Reserve component members when they are mobilized?

- A1.** Reserve component (RC) members are entitled to medical care in any uniformed service military treatment facility for any injury, illness or disease incurred or aggravated in the line of duty. Additionally, any RC member called to active duty for more than 30 days will automatically be enrolled in TRICARE Prime.

Q2. Where will a mobilized Reserve Component member receive health care?

- A2.** When RC members are activated for more than 30 days they are enrolled in TRICARE Prime and will receive medical care from the medical support unit, which is normally in a military treatment facility (MTF). If the member is stationed greater than fifty miles or approximately one-hour drive time from an MTF, the member may be eligible for TRICARE Prime Remote and, must enroll in TRICARE Prime Remote to receive healthcare from a civilian medical provider. Under no circumstances will the RC member be responsible for any out of pocket costs.

Q3. What medical benefits are available to family members of mobilized Reserve component members?

- A3.** Family members of a RC member ordered to active duty for more than 30 consecutive days are eligible for TRICARE benefits on the first day of the order to active duty. The Defense Enrollment Eligibility Reporting System (DEERS) provides the information to determine family members' eligibility for TRICARE benefits. TRICARE Standard and TRICARE Extra have cost shares (20% or 15%) depending on the provider they select and an annual \$50-\$300 deductible depending on the rank of the sponsor and number of family members covered.

NOTE: If the RC member is ordered to active duty for 179 days or more, the family will be eligible for TRICARE Prime, the HMO option.

TRICARE Standard is a fee for service option. . It requires an annual deductible (\$50 individual/\$100/family of E-1 to E-4, \$150 individual/\$300/family of E-5 and above), and a 20% cost share depending on whether the civilian physician is a TRICARE authorized provider. Beneficiaries using this option have the greatest choice of civilian physicians. **NOTE:** The family should ask if a provider is an authorized provider and accepts TRICARE prior to getting care, thereby ensuring the family is only charged the 20% cost share. It is illegal for a TRICARE authorized provider to charge more than 115% of the TRICARE Maximum Allowable Charge.

TRICARE Extra is similar to TRICARE Standard but offers discounts to patients when they use TRICARE network providers. Network providers are individuals or institutions (hospitals, pharmacies, group practices) that have contracted with TRICARE's Managed Care Support Contractors or the Lead Agents (overseas locations) to provide the TRICARE benefit at negotiated rates. This option allows beneficiaries to receive their care from civilian network providers at a reduced 15% cost share after satisfying the deductible.

NOTES:

- (1) You may use a combination of TRICARE Standard and Extra programs at any time depending on whether physicians are chosen from inside or outside the network.
- (2) The annual deductible may be waived for families of RC members ordered to active duty in support of Bosnia. For more information contact the local TRICARE Service Center.
- (3) RC Family members, activated under Title 10 of the U.S. Code may be eligible for the TRICARE Reserve Family Demonstration Project with enhanced medical benefits including waiver of the annual deductible, waiver of the non-availability statement for non-emergency care and will not have to pay 15% above the TRICARE CHAMPUS Maximum Allowable Charge rate (CMAC). For more information contact your local TRICARE Service Center

TRICARE Prime is the managed care option offered by the Department of Defense and is available to family members of RC members called to active duty for 179 consecutive days or more and live in a Prime area. It integrates military and civilian health care into a single delivery system and offers additional wellness and preventive care services. This is the only TRICARE option that requires enrollment. Family members who enroll by the 20th of the month will be eligible for TRICARE Prime on the first day of the following month. In the interim the family may use one of the other TRICARE options. In many cases, MTFs may honor enrollments and provide care for eligible family members of RC members once the enrollment form has been submitted.

TRICARE Prime Remote (TPR) is available to families of Guard and Reserve members if they meet the following criteria:

- (1) The Reservist must be ordered to active duty for 179 consecutive days or more
- (2) The member must be stationed in the United States but live AND work in a TRICARE Prime Remote eligible zip code (work means actual military worksite address where the member physically goes to work on a daily basis; not the command address).
- (3) The eligible family members must reside with the active duty sponsor (the active duty sponsor cannot be deployed away from home).

NOTES:

- (1) TRICARE Prime Remote will not be available to eligible family members until September 2002. In the interim, eligible family members who meet TRICARE Prime Remote requirements may be entitled to the Waived Charges Benefits.
- (2) For more information about TRICARE Prime Remote and the Waived Charges Benefit, contact the TRICARE Call Center 1-888-363-2273 or log on to <http://www.tricare.osd.mil/remote>.

Q4. Can a family member who is away from home to attend college enroll in TRICARE Prime?

- A4.** RC family members may enroll in TRICARE Prime while away from home at college if the Prime option is offered in the geographical area of the college. If Prime is not offered in the college geographical regions, the family member is covered by TRICARE Standard/Extra. The family enrollment form must indicate all family members and where they are to be enrolled, especially if the college student and family live in two different TRICARE regions.

Q5. What is the TRICARE Reserve Family Demonstration Project?

- A5.** Family members of RC members called to active duty under 10 USC 12302 or such duty under 12301(d) or 32 USC 501(f) in support of contingencies in accordance with the recent Executive Order 13223 (including ENDURING FREEDOM and NOBEL EAGLE). The member must be ordered to active duty or full-time National Guard duty for a period of more than 30 days in order to qualify for the TRICARE Reserve Family Demonstration Project. The demonstration project runs through November 1, 2003. This project has three important components that limit out-of-pocket expenses and remove barriers to health care access for eligible members.

- The Department of Defense (DoD) will waive the TRICARE CHAMPUS maximum allowable charge (CMAC) under TRICARE Standard and will pay up to 115% of the CMAC rate, less the applicable cost share.
- Participants who do not or cannot enroll in TRICARE Prime are not required to pay the annual outpatient TRICARE Standard/Extra deductible (up to \$300). These beneficiaries are only responsible for their cost share (20% for Standard and 15% for Extra).
- The requirement to issue a non-availability statement before non-emergency inpatient care can be paid under TRICARE Standard has been waived for all eligible family members. This covers all non-emergency inpatient care received by an eligible participant.

Q6. Where can Reserve component family members get more information on their TRICARE options?

A6. There are numerous sources of information on TRICARE benefits.

- There is a toll free TRICARE Call center at 1-888 DoD CARE (1-888-363-2273) that provides contact information on the regional TRICARE Service Centers
- TRICARE also has a website at <http://www.tricare.osd.mil> with additional information on TRICARE benefits and regional boundaries
- TRICARE and Family Readiness information can be found on the Reserve Affairs website at <http://www.defenselink.mil/ra>
- Commanders can access the National Guard and Reserve Family Readiness Program Toolkit at <http://www.defenselink.mil/ra/family/toolkit/>
- For information on the TRICARE Dental Program call 1-888-622-2256

Q7. Should a Reserve component member with a comprehensive employer-sponsored healthcare plan choose TRICARE for his or her family?

A7. This is a family decision. Each family must weigh the advantages of each healthcare plan based on the needs of the family. The law entitles the RC member to retain his or her civilian employer sponsored healthcare plan up to 18 months. However, the member may be required to pay the employee share of the premium as well as the employer share and a 2% administrative charge if ordered to active duty for more than 30 days. This will vary with each employer. If the member elects to drop his or her employer-sponsored healthcare plan, the Reservist-employee and the family must be reinstated into the employer plan without a waiting period or penalty for pre-existing conditions (except for a service connected disability—the military is responsible for providing health care related to that disability).

Q8. Do TRICARE benefits stop for the RC member and family members when released from active duty?

A.8. RC members ordered to active duty for more than 30 days are eligible for the Continued Healthcare Benefits Programs, similar to TRICARE. Those member ordered to active duty for more than 30 days in support of a contingency operation are eligible for TRICARE Transitional Healthcare benefits.

Continued Healthcare Benefits Program: RC members who serve on active duty for more than 30 days but were not ordered to active duty in support of a contingency operation are not eligible for transitional healthcare benefits. However, the Continued Healthcare Benefits Program (CHCBP) provides healthcare benefits similar to TRICARE Standard for up to 18 months to RC members and their family when released from active duty or no longer eligible for healthcare under the Military Medical Healthcare System.

CHCBP does not cover pre-existing medical conditions. Eligible members must enroll in the CHCBP within 60 days after release from active duty or loss of eligibility for military healthcare. The member is responsible for quarterly premiums from \$933 per individual to \$1966 per family. For more information about CHCBP, call toll free: 1-800-444-5445 or visit online at 222.humana-military.com or write to Humana Military Healthcare Services Inc., Attn: CHCBP, P.O. Box 740072, Louisville, KY 40201.

Transitional Healthcare Benefits: RC members ordered to active duty for more than 30 days in support of a contingency operation are entitled to transitional healthcare benefits upon release from active duty. RC members separated with less than 6 years of cumulative active federal service (indicated on the member's DD214) are eligible for 60 days transitional healthcare. Those members with 6 or more years of cumulative active federal service are eligible for 120 days of transitional healthcare. Family members are also eligible for transitional for either 60 days or 120 days (depending on the total cumulative years of active federal service of the sponsor/service member) under the Worldwide TRICARE Demonstration project.

NOTES:

- Those members and their family members who were enrolled in TRICARE Prime while on active duty will be automatically disenrolled upon the member's release from active duty. The member must actively reenroll the member and his/her family members if they wish to continue with this option during the transitional period. There will be no waiting period imposed but the member must reenroll him/herself and eligible family members upon release from active duty.
- Those members and/or their family members who were not enrolled in TRICARE Prime prior to the member's release from active duty may enroll in TRICARE Prime during the transitional healthcare period, but are subject to the "20th of the month" enrollment rule. That is, those members who enroll on or before the 20th of the month will not become eligible for healthcare benefits under TRICARE Prime until the first day of the second month following the month of enrollment. (For example, the member enrolls on the January 25th; TRICARE Prime eligibility will commence on March 1st).
- There is no reenrollment requirement for TRICARE Standard or TRICARE Extra. The member may submit claims for care from an authorized TRICARE Providers to the Managed Care Support Contractor in his or her Region.

Q9. If a family member gets care using one of the TRICARE options, how does the provider's bill get paid?

A9. The reimbursement process is different for each TRICARE option.

- TRICARE Standard: The RC member or family member is responsible for submitting the claim. Additional information and claim forms can be obtained from the local TRICARE Service Centers or can be downloaded from the TRICARE Website at <http://www.tricare.osd.mil/claims/default.htm>.

- TRICARE Extra: The provider is responsible for filing the claim.
- TRICARE Prime: Family members must be seen by their Primary Care Manager (PCM) for routine primary care and obtain a referral for specialty care. If the PCM is a civilian provider outside of the MTF, they agreed to submit the claim and accept as payment in full the amount they receive from the Managed Care Support Contractor or Lead Agent.
- SPECIALTY CARE REFERRALS: Under TRICARE Prime, Service and family members will have no out-of-pocket costs as long as care the family seeks has been coordinated through their Primary Care Manager (PCM) – primary physician. In order to receive specialty care, a referral must be generated by the PCM and the managed care support contractor has to authorize the care. The provider, if a network provider, submits the claim.

NOTE: *Always* call the local TRICARE Service Center to make sure the referral has been processed and an authorization issued – do not get care until this is confirmed or you receive a letter confirming it has been authorized. Otherwise, without an authorization, you will have to pay the entire bill for any specialty care your family received.

- Additional information and claim forms can be obtained from the local TRICARE Service Centers or can be downloaded from the TRICARE Website at <http://www.tricare.osd.mil/claims/default.htm>.

In order to learn more about associated costs under the TRICARE options, go to: <http://199.211.83.208/public/lesson11/outofpocket.html>

Q10. How does the Service member or family member go about getting a prescription filled?

A10. Service members and their families have various options to get their prescriptions filled: the military treatment facility (MTF), the National Mail Order Pharmacy, a local TRICARE Network pharmacy and a local non-network pharmacy.

- Military Treatment Facility Pharmacies: Prescriptions may be filled (up to a 90-day supply for most medications) at an MTF pharmacy free of charge. However, not all medications are available at MTF pharmacies. Each facility is required to make available the medications listed in a basic core formulary (BCF). The MTF, through their local Pharmacy & Therapeutics Committee, may add additional medications to the local formulary based on the scope of care at that MTF.
- The National Mail Order Pharmacy (NMOP) is available for prescriptions taken on a regular basis. Again, up to a 90-day supply (for **most** medications) is available through the mail by using the NMOP. The cost share is \$3 for a generic drug, and \$9 for a brand name drug (which must be justified by a member's provider) and includes up to a 90-day supply.

- Visit http://www.tricare.osd.mil/pharmacy/mail_order.htm for details or call:
Within the United States: 1-800-903-4680
- Outside of the United States: Contact your long distance carrier for access to the toll-free number above, 1-800-903-4680, or call 1-614-421-8211. NMOP will send prescriptions to APOs & FPOs addresses only.
- TRICARE Network Pharmacies: Beneficiaries can obtain up to a 30-day supply of a prescription for a \$3 cost share for a generic drug, and a \$9 cost share for a brand name drug (which must be justified by the member's provider) .

Non-network Pharmacies: Beneficiaries can receive up to a 30-day supply of a prescription for a cost share of \$9 or 20%, whichever is less, after they have met the TRICARE annual deductible amount (\$150 per individual, \$300 per family or \$50 individual/\$100 family for lower grade enlisted families) which applies to services obtained from non-network pharmacies. TRICARE Prime beneficiaries who use non-network pharmacy services will continue to pay the 50% point-of-service cost share as well as a deductible of \$300 per individual or \$600 family.

- For more information on these options, associated costs and lists of retail network pharmacies in your neighborhood, call the regional managed care support contract, visit a local TRICARE Service Center, or go online at:
http://www.tricare.osd.mil/pharmacy/retail_network.html

Q11. What if emergency care is needed? What has to be done?

A11. If emergency care is needed: Take the person to the emergency room at the nearest hospital, or call 911 if available in the area.

- TRICARE PRIME: Any TRICARE Prime enrollee who receives emergency medical care and is hospitalized as a result must call his or her Primary Care Manager (PCM) or the Regional Health Care Finders (HCF) within 24 hours of receiving care.
 - For non-emergent care call the PCM or call the regional Healthcare Service Center or HCF toll free; they will assist you in finding the closest and most appropriate source of care.
- TRICARE Standard or TRICARE Extra: RC family members need to make sure that a claim is filed promptly with the TRICARE contractor for the region in which the RC member or family lives.

NOTE: URGENT CARE and EMERGENT CARE are not the same. Examples of conditions that should receive urgent treatment are sprains, scrapes, earaches, sore throats, rising temperature—conditions that are serious, but are not life threatening. Urgent care can be obtained at various locations, other than an emergency room.
- TRICARE PRIME: The PCM must be notified if a Prime enrollee requires urgent care. The PCM may then see the person or write a referral for the person to be seen at a local urgent care center. Make sure a referral is generated; a regional Health Care Finder then authorizes the care.

- If you see a physician without authorization for a non-emergency problem, you'll still be covered for medically necessary care for some of the costs, under the "point of service" option. That option only pays 50 percent of the allowable charges for covered care and you are held accountable for the other 50%, after the appropriate deductible is paid.
- If you have to pay up-front, out-of-pocket, (Other than a normal TRICARE Prime cost share) for emergency or urgent medical care, your TRICARE contractor will reimburse you in accordance with the provisions of TRICARE coverage. Check with the managed care support contractor or go to the nearest TRICARE Service Center for details on how to get reimbursed.

Q.12. What if the RC or family member is unsure what type of care is needed?

- A.12.** If unsure of the type of care needed, the Service or family member should first contact their Primary Care Manager. Otherwise, call the TRICARE contractor's nurse advice line/ health care information toll free line for advice and assistance. The nurse will evaluate the situation, given the symptoms presented, and will recommend what level of care is needed.). Additionally, the nurse can make recommendations regarding self-care. Even if you aren't enrolled in TRICARE Prime, but use TRICARE Extra or TRICARE Standard, you can still ask for advice from the nurse advice line or a local TRICARE service center.

Q.13. How can I find the location of my nearest TRICARE Service Center (TSC)?

- A.13.** You may call the nearest military hospital/clinic; view your regional home page through the link provided in this website; or call 1-888-DoD CARE and someone will assist you. Below are the telephone numbers for each region where you may call to obtain information about TRICARE and your health care benefits from your TRICARE region's managed care support contractor.

REGION 1, TRICARE Northeast: CALL: 1-888-999-5195

Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, Delaware, Maryland, New Jersey, New York, Pennsylvania, the District of Columbia, Northern Virginia, and the northeast corner of West Virginia

REGION 2, TRICARE Mid-Atlantic: CALL: 1-800-931-9501

North Carolina and most of Virginia

REGION 3, TRICARE Southeast: CALL: 1-800-444-5445

South Carolina, Georgia, and Florida excluding panhandle

Region 4, TRICARE Gulf South: CALL: 1-800-444-5445

Florida panhandle, Alabama, Mississippi, Tennessee, and Eastern third of Louisiana

REGION 5, TRICARE Heartland: CALL: 1-800-941-4501

Michigan, Wisconsin, Illinois, Indiana, Ohio, Kentucky, and West Virginia excluding the Northeast corner, and the St Louis area in Missouri.

REGION 6, TRICARE Southwest: CALL: 1-800-406-2832

Oklahoma, Arkansas, western two thirds of Louisiana, Texas, excluding southwest corner.

TRICARE Central Region: CALL: 1-888-TRIWEST (874-9378)

(Region 7/8): New Mexico, Arizona excluding Yuma, Nevada and southwest corner of Texas, including El Paso, Colorado, Utah, Wyoming, Montana, Idaho excluding northern Idaho, North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, and Missouri excluding the St Louis area

REGION 9, TRICARE Southern California: CALL: 1-800-242-6788

Southern California and Yuma, Arizona

REGION 10, TRICARE Golden Gate: CALL: 1-800-242-6788

Northern California

REGION 11, TRICARE Northeast: CALL: 1-800-401-0110

Washington, Oregon, and Northern Idaho

REGION 12: CALL: 1-800-242-6788

Hawaii and Alaska

TRICARE PACIFIC: CALL: 1-888-777-8343

Western Pacific and Far East

Europe: CALL: 1-888-777-8343

Europe, Africa, Middle East, Azores, and Iceland

TRICARE Latin America and Canada (Region 15): CALL: 1-888-777-8343

Canada, Mexico, Central America, Puerto Rico, Bermuda, West Indies, Panama, Caribbean basin